



**State of New Jersey**  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
OFFICE OF EMERGENCY MEDICAL SERVICES  
PO BOX 360  
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CHRISTINE TODD WHITMAN  
Governor

CHRISTINE GRANT, J.D., M.B.A.  
Acting Commissioner

**EMERGENCY MEDICAL SERVICES FOR CHILDREN ADVISORY COUNCIL  
MINUTES OF MEETING  
SEPTEMBER 26, 2000**

Members Present: Dr. Frank Briglia, Dr. Anthony Greenberg, Dr. Mary Kamienski, Dr. Ernest Leva, Dr. Al Sacchetti, Mr. Dan Sullivan

Members Excused: Ms. Mary Ellen Brock, Mr. Jesus Cepero, Dr. Frank Cunningham, Dr. Martin Diamond, Ms. Carolyn Ferrolito, Dr. Thomas Whalen, Mr. Thomas Zarra

Department of Health  
And Senior Services: Dr. George DiFerdinando, Ms. Bonnie Anderson, Dr. John Brennan, Mr. William Duffy, Ms. Deborah J. Gottlieb, Ms. Nancy Kelly-Goodstein, Ms. Sarah Maestriperieri, Mr. Gerard Muench

Visitors/Guests: Dr. Jeffrey Hammond, Mr. Michael Pante

There was no quorum, therefore no official business could be conducted.

**CHAIRMAN'S REPORT**

**Federal Technical Consultation Visit**

Dr. Frank Briglia reported on the meeting with Pam Benson, the federal representative from the EMSC National Resource Center in regards to the state of EMSC in NJ and our grant status. NJ's EMSC legislation is considered to be model legislation. Ms. Benson suggested that the EMSC program should not take a stand on political issues (eg: gun control) because we are in receipt of federal monies. NJ EMSC can advise the Commissioner of our concerns for the safety of children. It was suggested that we approach the subject of gun control from a healthcare point of view as opposed to a political point of view. Mr. Gerard Muench mentioned that he can make recommendations to the Commissioner, but cannot write directly to a legislator. Dr. Briglia mentioned that he has had many requests to appear on TV and to write letters on behalf of advocates for gun control, but he has declined in order to give other areas his attention.

Ms. Kelly-Goodstein reported on the meeting with Ms. Benson, from the National Resource Center. Ms. Benson conducted a technical consultation visit and was pleased with the New Jersey EMSC Legislation (New Jersey EMSC legislation is role model for the rest of the country- “Utopia”) and our EMSC activities. Ms. Benson also stated that the book “EMSC’s Role in Shaping Policy” shows the New Jersey EMSC law as the optimum model.

Ms. Benson was also pleased to see movement on the grant issues, and shared advice on future directions and grant applications.

Ms. Benson was also impressed with the proposed Pediatric Critical Care Registry as a positive future goal, which will require work and time. Ms. Benson reminded the group that Targeted Issue grants should be a model that can be used nationally.

### **EMS COUNCIL**

Dr. Frank Briglia gave a brief report on the proposed physician response time (20 minute by phone, 60 minutes in person) regulations at the September 20, 2000, Emergency Medical Services Council meeting. Dr. Jeffrey Hammond (representing the Trauma Center Council) wanted to know why the EMSC Advisory Council supported it. Dr. Hammond felt the response time should be stricter. The Medical Society of New Jersey thought the regulations were too strict. Dr. John Brennan felt that the proposal was more realistic. The EMS Council passed a motion to recommend to the Department that a shorter response time be required. The discussion that followed identified the following points:

- ❑ In a true emergency situation you need a specialist within 5 minutes not 20 or 60 minutes.
- ❑ The proposed regulations provide “teeth” for institutions not compliant with the response times of on-call specialists.
- ❑ For trauma centers, upper year residents (as opposed to on-call physician specialists) are allowed to respond.

### **TRAUMA DATA**

Dr. Frank Briglia acknowledged the circulation of the trauma data supplied by Dr. Hammond and distributed as part of the July minutes.

### **OEMS REPORT**

#### **PREHOSPITAL RECORD RETENTION:**

Ms. Kelly-Goodstein reported that after our July meeting she called approximately a dozen New Jersey hospitals to inquire about their policies regarding the incorporation of prehospital EMS reports as part of the patient record. All of the hospitals contacted do incorporate the prehospital EMS record into the patient’s

permanent medical record. This will facilitate the data collection for the Prehospital Pediatric Critical Care Registry.

## CONFERENCE COMMITTEE

The Conference Committee met after the July meeting. Two prospective conference facilities in Mercer County were selected to hold the 2001 conference. Unfortunately neither facility will be able to accommodate our conference. We will make additional inquiries for potential facilities.

## EDUCATION

Through the efforts of Mr. Mike Pante and Robert Wood Johnson University Hospital, 34 individuals were trained as Pediatric for Prehospital Providers (PEPP) course directors. EMSC supported this initiative by providing instructor kits. There are now 25 agencies statewide that stand ready to offer the PEPP program.

Ms. Kelly-Goodstein suggested adding PEPP Advanced to the list of approved pediatric programs in the prehospital advanced life support regulations. Discussion followed about the costs of the various programs (PEPP and Pediatric Advanced Life Support (PALS) are similar, but Advanced Pediatric Life Support (APLS) is more expensive, and what meets the needs of prehospital providers (PEPP courses build on basic skills). A proposal may be made to the EMT Training Fund Council to consider increasing the standard reimbursement from \$5.00 to \$10.00 per credit. Mr. Pante and Ms. Kelly Goodstein will survey the PEPP Course Directors to determine the average estimated cost to run the PEPP program. The EMT Training Fund is only for basic life support volunteers.

## **ADVANCED LIFE SUPPORT**

Mr. Muench reported that OEMS has requested to update the prehospital advanced life support (ALS) and specialty care transport unit (SCTU) regulations. EMT training is being revised to agree with the American Heart Association (AHA) guidelines for the use of the semiautomatic external defibrillators on patients 8 years of age and older.

At the Mobile Intensive Care Advisory Council meeting the new AHA standards (published in the August edition of "Circulation") were discussed. Instructor updates are needed and it will take time to implement (target date of 7/1/01). On October 27<sup>th</sup>, Robert Wood Johnson will conduct their faculty update. The updated written materials may not be available until winter. Additional medications may be added to the formulary for ALS. The Rapid Sequence Intubation (RSI) protocol was approved for patients over 18 years of age.

## **NEWSLETTER**

The summer 2000 EMSC newsletter is at the Print Shop and will be mailed shortly.

## **PROPOSED REGULATIONS**

Ms. Deborah Gottlieb reported that the Department is preparing responses to the comments received regarding the proposed regulations (Pediatric Critical Care Registry-PCCR). Ms. Gottlieb stated there were no surprises in the comments received and that everyone worked hard to narrow the focus of the PCCR. Discussion followed as to the specific type of scoring systems to be used; identification of the treating physicians; the discharge physician would be the responsible party for the patients outcome, the need to risk adjust the data, and the length of time it may take (2-3 years) to develop the final data set.

Ms. Gottlieb reported that if a hospital is found, through the data reported in the PCCR, to have breached licensure requirements, the Department may have a basis for an enforcement action. If a hospital refused to supply the PCCR data to the Department, there would be a basis for an enforcement action. Currently there is a great deal of controversy concerning the public access to information collected for quality improvement purposes.

## **TRAUMA DATA**

Dr. Jeffrey Hammond from Robert Wood Johnson University Hospital spoke regarding the available trauma data, and the EMSC request for data. Dr. Hammond reported that trauma data is limited to the 10 trauma centers. Unfortunately, information pertaining to where pediatricians and pediatric intensivists are involved isn't collected in the trauma registry. All of New Jersey's trauma centers care for children, and the American College of Surgeons (ACS) guidelines are superceded in NJ by NJ regulations. The involvement of who is best able to provide care pediatricians and/or pediatric intensivists, in the initial management of pediatric trauma patients varies from hospital to hospital. Dr. Hammond stated, that the trauma triage guidelines are just that "guidelines" and not regulations. Every Emergency Department should be prepared to receive, triage and stabilize pediatric patients, and if need be, transfer the patient to a tertiary care center or trauma center. Also, currently, there is no NJ data that trauma patients treated in non-trauma centers in New Jersey have a higher mortality rate. Until all hospitals submit trauma data, we have an incomplete picture. Dr. Hammond suggested that the State not be involved in the PCCR. Dr. Hammond also suggested that we need to have a national system of data collection. The current NJ system generates aggregate data (not individual hospital data). The current trauma registry doesn't include specialist information that's easily extractable. If we add fields, who is going to pay for the additional personnel to do the work? The Department of Health and Senior Services will require trauma centers and non-trauma center hospitals to submit trauma data beginning December 2000. The method by which this data will be collected is still being developed. Trauma centers

want regionalization of trauma care and to have all hospitals provide patient data and to recognize the need to transfer some patients. EMSC wants all hospitals to have adequate pediatric capabilities to stabilize patients prior to transfer.

## **NEW BUSINESS**

### **INTRODUCTION**

Dr. George DiFerdinando was introduced to the Council. Dr. DiFerdinando discussed his areas of responsibility (OEMS, AIDS, Maternal & Child Health, Addiction Services, Board of Medical Examiners). He also stated that he values the Council's input and has our future meetings on his schedule.

### **MEMBERSHIP**

Ms. Connie Levine has resigned, so we now have a parent slot open. The paramedic slot, currently held by Mr. Tom Zarra, will have a potential candidate shortly. OEMS has not yet received any word on the additional positions to expand the membership.

### **NOMINATIONS**

Dr. Briglia's term as chairperson is up this November. According to the By-laws the chair can only serve two consecutive terms. There is no term limit for the vice-chair. Dr. Briglia named Dr. Leva, Dr. Kaminski and Dr. Cunningham to the nominating committee. Dr. Cunningham is to chair this committee.

### **BURN CENTER**

Dr. Mansour of the Burn center was unable to attend our meeting.

### **SAFER NEW JERSEY**

Dr. Kaminski distributed SAFER NEW JERSEY conference brochures, as many of the sessions are pertinent to children's safety issues.

### **WINTER NEWSLETTER**

Ms. Kelly-Goodstein asked for suggestions for articles for the winter newsletter. An interactive CD developed by National EMSC, containing an educational program for prehospital providers were distributed.

## **RETIREMENT**

Dr. Frank Briglia presented Ms. Sally Maestripieri with a certificate thanking her for her many years of service to the EMSC program.

2000-2001 Meeting Schedule

Tuesday-November 28, 2000 (Ground Floor-Board Room)  
Tuesday-January 30, 2001 (Ground Floor-Auditorium)  
Tuesday-March 27, 2001 (Ground Floor-Auditorium)  
Tuesday-May 22, 2001 (Ground Floor-Auditorium)  
Tuesday-July 31, 2001 (Ground Floor-Auditorium)  
Tuesday-September 25, 2001 (Ground Floor-Auditorium)  
Tuesday-November 27, 2001 (Ground Floor-Auditorium)

10 a.m. to 12 p.m.  
Health and Agriculture Building  
John Fitch Plaza  
Market and New Warren Streets  
Trenton, New Jersey  
(609) 633-7777